-7-Day Average

Other Important Metrics

avg: 100.4 (12mo avg Dec04: 89; Dec06: 63; Dec07: 81; Dec08: 82.5; Dec09: 99.6) Boarding: Jan-Jun10: 341(mo.avg: 56.8); Jan-Dec09: 425 (mo. avg: 35.4); Jan-Dec08: 801 (mo. avg: 66.8); Jan-Dec07: 399 (mo. avg: 33.3)

CD vouth treatment admissions: 12mo

PACT: engaged - 6; enrolled - 172 (on 6/30/10) Team capacity: 180

FACT: FACT is fully enrolled with 50 clients.

FISH: enrolled: 57; Capacity 60

Other Notable Items

Time Frame 2Q10 through 3Q10

MIDD implementation: The Crisis Diversion Facility and the Crisis Interim Facility, both parts of strategy 1F were awarded to DESC. The facility will be located in Seattle.

CSD awarded Vets and Human Services Levy funding to MHCADSD to build community capacity to conduct vulnerability assessments of homeless individuals. Vulnerability scores will be used in conjunction with service utilization scores to determine eligibility for housing programs supported with county dollars.

MHCADSD was awarded a Corporation for Supportive Housing grant to support an evaluation of Humphrey House, a new permanent supported housing program that will be operated by Plymouth Housng Corporation.

We continue to remain at or under census at Western State and PALS.

Key

BOARDING: Holding individuals in non-E&T beds

CD: Chemical Dependency COD: Co-occuring Disorders Community Treatment

FACT: Forensic Assertive Community Treatment

FISH: Forensic Intensive Supportive

Housing

MH: Mental Health

MIDD: Mental Illness and Drug Dependency Action Plan PACT: Program for Assertive

PALS: Program for Adaptive Living Skills RFP: Request for Proposals WSH: Western State Hospital

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	Measure	Status	Hist Avg	2009 Target	2Q09 YTD	2010 Target	2Q10 YTD	Bench mark	
	Percent of MH clients maintaining level of functioning	A	54.1%	55.0%	59.0%	55.0%	61.2%		
	Percent of MH clients improving level of functioning	V	28.0%	30.0%	26.0%	30.0%	25.1%		
	Percent of Adult CD clients who complete treatment	A	43.8%	48.0%	58.4%	55.0%	62.5%	54.4%	
	Percent of Youth CD clients who complete treatment	A	52.9%	60.0%	70.9%	63.0%	72.2%	57.4%	
	Percent of MH clients obtaining employment	▼	3.2%	5.0%	3.0%	4.0%	2.8%		
	Percent of CD clients obtaining employment	▼	7.8%	8.5%	4.1%	5.0%	4.1%		
1	Percent of MH clients who remain in community-based treatment with stable housing	A	66.5%	71.0%	88.2%	72.0%	84.4%		
	Percent of homeless MH clients who attain housing	\Diamond	28.0%	30.0%	28.9%	32.0%	30.4%		
	Percent Adult MH clients with fewer incarcerations	A	68.5%	70.0%	73.0%	70.0%	71.2%		
I	Percent Adult COD clients with fewer incarcerations	*	58.3%	60.0%	76.3%	60.0%	100.0%		
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Update on the division's 2010 Equity & Social Justice Initiative work

2010 Business Plan Performance Measures

Parity charts for mental health and substance abuse treatment enrollment were created. Differential outcomes for ethnic specialty vs non-specialty substance abuse treatment providers will be analyzed next quarter.

NA

60.5%

70.4%

70.0%

66.0%

73.0%

64.8%

72.1%

75.4%

70.0%

66.0%

73.0%

52.6%

75.0%

84.4%

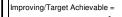
Division Director's Message

Percent Juvenile MH clients with fewer incarcerations

Percent of MH receiving service w/in 7 days of release

Percent of COD receiving service w/in 7 days of release

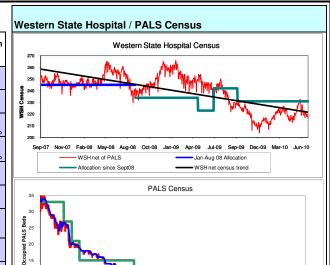
We continue to do quite well in assuring that individuals with mental illness and with co-occurring mental illness and substance use disorders are receiving services within seven days of release from jail, exceeding our historical average, last year's performance and our current targets. Although we are slightly below our increased target for helping homeless individuals with mental illness attain housing, we are exceeding last year's target and performance. We are actively engaged in a process with community providers to assure those individuals with highest system use or greatest vulnerability have highest priority for new housing programs. We continue to fall below target on clients obtaining new employment, despite tying agency financial incentives to client employment targets and providing training and model fidelity support. Boarding remains up from last year. There are not enough in-patient psychiatric beds designated for involuntary holds to meet the need. A substantial decrease in the percent of juvenile mental health clients with fewer incarcerations bears watching, but may simply be a temporary deviation from the pattern of the past two years. Uniting for Youth, a King County cross system collaborative effort, is actively addressing the needs of this population.

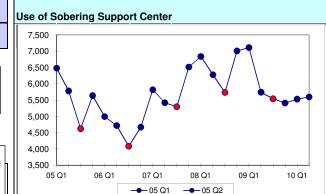


Watch/Target at risk =

Unfavorable trend/Target not attainable =

* Measures with no indicator have numbers too small to evaluate





Nov-07 Feb-08 May-08 Aug-08 Oct-08 Jan-09

(Use of the Sobering Support Center has historically been lower during the warmer months. Those quarters have red markers.)

This graph shows the use of the Dutch Shisler Sobering Support Center and the impact of the 1811 Eastlake project starting in early 2006. This Housing First program diverted a number of the highest users of the Sobering Support Center into a housing program with other supportive services. MIDD-funded Housing First and other supported housing programs, MIDD-funded expansion of treatment access, and improved service coordination led to another decline in admissions in 2009, with a very small increase in the first quarter of 2010. Since the first quarter of 2009, the number of unduplicated people admitted has been fairly constant. Some of this may be due to success of MIDD funded programs intended to reduce Sobering Center use.